



ROSS MILLER
Secretary of State
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Articles of Incorporation of

(Name of Close Corporation)

A Close Corporation

(PURSUANT TO NRS CHAPTER 78A)

(Name of corporation **MUST** appear in the above heading)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Close Corporation:			
2. Registered Agent for Service of Process: (check only one box)	<div><input type="checkbox"/> Commercial Registered Agent: <input type="text"/> Name</div> <div><input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below)</div> <div>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</div> <div><input type="text"/> Nevada <input type="text"/> Street Address City Zip Code</div> <div><input type="text"/> Nevada <input type="text"/> Mailing Address (if different from street address) City Zip Code</div>		
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: <input type="text"/>	Par value per share: \$ <input type="text"/>	Number of shares without par value: <input type="text"/>
4. Governing Board: (check one box; if yes, complete article 5 below)	This corporation is a close corporation operating with a board of directors <input type="checkbox"/> Yes OR <input type="checkbox"/> No		
5. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age; attach additional page if more than two directors/trustees)	1) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code 2) <input type="text"/> Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Street Address City State Zip Code		
6. Purpose: (optional; see instructions)	The purpose of the corporation shall be: <input type="text"/>		
7. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	<div><input type="text"/> X Name Incorporator Signature</div> <div><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Address City State Zip Code</div>		
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. X <input type="text"/> Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 78A Articles
Revised on 7-1-08